



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Philip O. Livingston et al.

Serial No. : 09/534,711 Examiner: C. Yaen

Filed : March 24, 2000 Group Art Unit: 1642

For : FUCOSYL GM-1-KLH CONJUGATE VACCINE AGAINST SMALL CELL LUNG CANCER

Date: December 13, 2004

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR ¹	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	6	- * 16	= *** 0	X	\$25	\$50	= \$0 \$0
Independent Claims	3	- ** 3	= *** 0	X	\$100	\$200	= \$0 \$0
Multiple Dependent Claim(s) Presented For First Time <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>				\$180	\$360	=	\$0 \$0
				TOTAL ADDITIONAL FEE \$ 0			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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A check in the amount of \$ 235.00 is enclosed.
(For a one-month extension of time and a Supplemental Information Disclosure Statement)
 Please charge Deposit Account No. 03-3125 in the amount of .

The Commissioner is hereby authorized to charge any additional fees for the filing of this Amendment or credit any overpayment to Deposit Account No. 03-3125 as follows:

Any fees under 37 C.F.R. §1.16 for the presentation of extra claims.

Any patent application processing fees under 37 C.F.R. §1.17.

Two copies of this Amendment Transmittal Letter.

Return Receipt Postcard.

Other (identify) : _____

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

John P. White
Reg. No. 28,678

12/13/04
Date